Ohio Public Utilities Commission

Online applicaton fior Certficaton as an Eligible Ohio Renewable Energy Resource Generatng Facility

V61511

Case No.: 13-0143-EL-REN

A. Name of Renewable Generating Facility: Cove Veterinary Services

The name specified will appear on the facility's certificate of eligibility issued by the Public Utilities Commission of Ohio.

Facility Location

Street Address: 1477 Curryville Rd City: Curryville State: PA County: Blair Zip Code: 16631

Facility Latitude and Longitude

Latitude: 40°15'49.09"N Longitude: 78°20'35.26"W There are internet mapping tools available to determine the latitude and longitude, if you do not have this information.

If applicable, U.S. Department of Energy, Energy Information Administration Form EIA-860 Plant Name and Plant Code.

EIA-860 Plant Name:

EIA Plant Code:

B. Legal Name of the Facility Owner

Please note that the facility owner name listed will be the name that appears on the certificate. The address provided in this section is where the certificate will be sent.

If the facility has multiple owners, please provide the following information for each on additional sheets.

Legal Name of the Facility Owner: Charlie Bloomquist

Legal Name of Facility Owner Representative (First Name, MI, Last Name): Charlie Bloomquist Title: Owner Organization: Cove Veterinary Services Street Address: 1477 Curryville Rd City: Curryville State: PA Zip Code: 16631 Phone: 814-793-9742 Fax: Email Address: cbloom26@hotmail.com Web Site Address:

C. List the name, address, telephone number and web site address under which the Applicant will do business in Ohio.

Legal Name of Facility Owner Representative (First Name, MI, Last Name): Charlie Bloomquist Title: Owner Organization: Cove Veterinary Services Street Address: 1477 Curryville Rd City: Curryville State: PA Zip Code: 16631 Phone: 814-793-9742 Fax: Email Address: cbloom26@hotmail.com Web Site Address:

D. Name of Generation Facility Operating Company:

Name of Generation Facility Operating Company: Cove Veterinary Services Legal Name of Contact Person (First Name, MI, Last Name): Charlie Bloomquist Title: Owner Organization: Cove Veterinary Services Street Address: 1477 Curryville Rd City: Curryville State: PA Zip Code: 16631 Phone: 814-793-9742 Fax: Email Address: cbloom26@hotmail.com Web Site Address (if applicable):

E. Regulatory/Emergency contact

Legal Name of Contact Person (First Name, MI, Last Name):Karla Beiler Title: Administrative Assistant Organization: Paradise Energy Solutions, LLC Street Address: 5292 Lincoln Hwy City: Gap State: PA Zip Code: 17527 Phone: 717-442-4498 Fax: Email Address: kbeiler@paradiseenergysolutions.com Web Site Address:

F. Certification Criteria 1: Deliverability of the Generation into Ohio

Ohio Revised Code (ORC) Sec. 4928.64(B)(3)

The facility must have an interconnection with an electric utility.

Check which of the following applies to the facility's location:

No The facility is located in Ohio.

Yes The facility is located in a state geographically contiguous to Ohio (Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia).

No The facility is located in the following state:

(If tihe renewable energy resource generation facilitiy is noti locatied in Ohio, Indiana, Kentiucky, Michigu Pennsylvania, or Westi Virginia, you are required tio submiti a POWER FLOW stiudy by one of tihe region tiransmission organizations (RTO) operating in Ohio, eitiher PJM or Midwesti ISO, demonstirating tihati t power from tihe facility is physically deliverable intio tihe stiatie of Ohio. . This stiudy musti be appendec THE FACILITY MUST BE INTERCONNECTED TO TRANSMISSION LINES. tihe application as an exhibiti. FOI ADDITIONAL DELIVERABILITY REQUIREMENTS, INFORMATION ON PLASE REFER ΤΟ THE COMMISSION FINDING & ORDER of 3/23/11 IN CASE NO. 09-555-EL-REN.)

G. Certification Criteria 2: Qualified Resource or Technology

You should provide information for only one resource or technology on this application; please check and/or fill out only one of the sections below. If you are applying for more than one resource or technology, you will need to complete a separate application for each resource or technology.

G.1. For the resource or technology you identify in Sections G.4 - G.13 below, please provide a written description of the system.

10 Kw solar system that is roof mounted. On the far west roof the panels are installed in 2 rows of 5. On the middle roof the panels are installed in 1 row of 4 and 1 row of 5. On the far east roof the panels are installed in 1 row of 4, 1 row of 5 and 2 rows of 6. All panels are installed in portrait position.

G.2. Please include a detailed description of how the output of the facility is going to be measured and verified, including the configuration of the meter(s) and the meter type(s).

The output will be measured and verified with a utility grade PV dedicated meter.

G.3. Please submit digital photographs that depict an accurate characterization of the renewable generating facility. Please indicate the date(s) the photographs were taken. For existing facilities, these photographs must be submitted for your application to be reviewed. For proposed facilities or those under construction, photographs will be required to be filed within 30 days of the on-line date of the facility.

December 07, 2012



The Applicant is applying for certification in Ohio for a facility using one of the following qualified resources or technologies (Sec. 4928.01 ORC):

G.4 __SOLAR PHOTOVOLTAIC

G.4a Location of the PV array: <u>Yes</u> Roof <u>No</u> Ground <u>No</u> Other Description:G.4b Total number of Modules: 40

G.4.1 PV Modules

For each PV module, provide the following information:

G.4.1.a Manufacturer: Mage G.4.1.b Model and Rating: 250

H. Certification Criteria 3: Placed-in-Service Date (Sec. 4928.64. (A)(1) O.R.C.)

The Renewable Energy Facility:

No has a placed-in-service date before January 1, 1998; (month/day/year):

Yes has a placed-in-service date on or after January 1, 1998; (month/day/year): 1/4/13

No has been modified or retrofitted on or after January 1, 1998; (month/day/year):

Please provide a detailed description of the modifications or retrofits made to the facility that rendered it eligible for consideration as a qualified renewable energy resource. In your description, please include the date of initial operation and the date of modification or retrofit to use a qualified renewable resource. Please include this description as an exhibit attached to your application filing and identify the subject matter in the heading of the exhibit.

No Not yet online; projected in-service date (month/day/year):

H.1 Is the renewable energy facility owner a mercantile customer? No

ORC Sec. 4928.01 (19) "Mercantile customer" means a commercial or industrial customer if the electricity consumed is for nonresidential use and the customer consumes more than seven hundred thousand kilowatt hours per year or is part of a national account involving multiple facilities in one or more states.

Has the mercantile customer facility owner committed to integrate the resource under the provisions of Rule 4901:1-39-08 O.A.C? <u>No</u>

If yes, please insert/submit a copy of your approved application as an exhibit to this filing.

I. Facility Information

I.a The nameplate capacity of the entire facility kilowatts (kW): 10.00 or in megawatts (MW): 0.01

I.b If applicable, what is the expected heat rate of resource used per kWh of net generation: BTU/kWh

I.1 For each generating unit, provide the following information:

Unit In-Service	Unit Nameplate	Projected Gross	Expected Annual	Number of
Date	Capacity (MW)	Annual Generation	Capacity Factor %	Generating Units
1/4/13	0.01	12.148	13.9	1
	Consolts Faster 04	Projected Annual Generation		
	Capacity Factor %	= Nameplate Capacity >	< 8,760 × 100	

J. Regional Transmission Organization Information

In which Regional Transmission Organization area is your facility located:

Yes Within Geographic Area of PJM Interconnection, L.L.C.

No Within Geographic Area of Midwest ISO

No Other (specify):

K. Attribute Tracking System Information

Are you currently registered with an attribute tracking system: No

In which attribute tracking system are you currently registered or in which do you intend to register (*the tracking system you identify will be the system the PUCO contacts with your eligibility certification*):

Yes GATS (Generation Attribute Tracking System)

No M-RETS (Midwest Renewable Energy Tracking System)

Other (specify):

K.1 Enter the generation ID number you have been assigned by the tracking system: (*If the generation ID number has not yet been assigned, you will need to file this number in the PUCO Case Docket within 15 days of the facility receiving this number from the tracking system).*

L. Other State Certification

Is the facility certified by another state as an eligible generating resource to meet the renewable portfolio standards of that state? <u>No</u> **L.1** If yes, for each state, provide the following information:

 State
 State

 State Certification Agency
 Number
 Date Issued

M. Type of Generating Facility

Name of State

Please check all of the following that apply to the facility:

No Utility Generating Facility:

- No Investor Owned Utility
- No Rural Electric Cooperative
- No Municipal System
- <u>No</u> Electric Services Company (competitive retail electric service provider certified by the PUCO)
- Yes Distributed Generation with a net metering and interconnection agreement with a utility. Identify the utility: <u>Penelec</u>
- <u>No</u> Distributed Generation with both on-site use and wholesale sales. Identify the utility with which the facility is interconnected:
- <u>No</u> Distributed Generation, interconnected without net metering. Identify the utility with which the facility is interconnected:

N. Meter Specifications

Metering Requirements

If it the renewable energy resource generating fiacilitty **G** with either an invertier metter or a utility grade metter All fiacilities that are larger the **G** with must measure the output of the fiacility with a utility grade metter Facilities that are larger the **G** with and that are not measuring output with a utility grade

metter will nott be certtfiedOAC 4901:1-40-04 (D)(1)

Please only report on the metter or the metters used to measure the output firom the fiacility which will be reported to the attribute tracking system

N.a The meter(s) that are measuring output from the facility are:
<u>N</u> Inverter Meter(s)
<u>Y</u> Utility Grade Meter(s) (*Musti meeti ANSIL2.1, or demonstiratie an accuracy level of 2%*) *N.1 Please provide the following information for each meter used in your system.*N.1.a Manufacturer: ABB
N.1.b Serial Number: 103747
N.1.c Type: AB1 S
N.1.d Date of Last Certification: January 04, 2013

Attach a photograph of the meter(s) with date image taken. The meter reading(s) must be clearly visible in the photograph.

N.1.e Report the total meter reading number at the time the photograph was taken and specify the appropriate unit of generation (e.g., kWh): 0

December 01, 2012



O. Start date from which applicant requests to begin reporting generation towards the creation of Renewable Energy Credits (RECs) for Ohio's purposes

The start date from which an attribute tracking system will begin to count generation data toward the creation of renewable energy credits for Ohio's purposes will be the date of certificate issuance in the state of Ohio (i.e. generation prior to the date of certification would not be recognized), unless the facility satisfies one of the criterion established in the Commission's June 17, 2009 Entry on Rehearing issued in Case No. 08-888-EL-ORD.

In that Entry, the Commission found it to be appropriate to recognize the creation of RECs back to July 31, 2008, the date in which the Ohio alternative energy portfolio standard law became effective, provided that "The facility was a participant in an existing attribute tracking system during that time <u>or</u> had a meter in place which can accurately demonstrate generation levels from July 31, 2008 forward." (June 17, 2009 Entry on Rehearing at 34.)

- (1) Existing attribute tracking system:
 - a. For facilities that are currently participating in an attribute tracking system, it is not sufficient to merely be registered with the tracking system; you also must be reporting generation data.
 - b. If the facility was a participant in an existing attribute tracking system, please state the specific start date that will be used to recognize historical RECs.
- (2) Meter which can accurately demonstrate generation levels from July 31, 2008:
 - a. For facilities which have had a meter in place, accurately demonstrating generation levels must include documentation from an electric remote monitoring and reporting system, from the specified start date, and recorded on at least a monthly basis.
 - b. If the facility had a meter that accurately demonstrates generation levels, please state the specific start date, and attach documentation from the remote monitoring and reporting system.

Note: An application that leaves section O blank, or does not include the required documentation, will be assigned a start date for Ohio that corresponds with the date of Ohio certification.

If the facility was a participant in an existing attribute tracking system, please state the specific start date, in accordance with the tracking system's rules, that will be used to recognize historical RECs:

If the facility had a meter that accurately demonstrates generation levels, please state the specific start date, and below insert documentation from the remote monitoring and reporting system:

Also, in the Commission's Entry on Rehearing, the Commission explained that consistent with its policy on double counting, the Commission "will not retroactively recognize any past RECs which have been sold or otherwise consumed." (June 17, 2009 Entry on Rehearing at34.)

Has any of the generation of the facility been tracked as RECS that have been sold or otherwise consumed? <u>No</u>

Ohio Public Utilities Commission

Affidavit for Application for Certification as an Eligible Ohio Renewable Energy Resource Generating Facility

Please be advised that all applicant's contact information, including address and telephone number, will be made public and is not subject to confidential treatment. Additionally, any information pertaining to trade secrets contained within the application will be made public <u>unless filed under seal with a motion for protective order, pursuant to Rule</u> <u>4901-1-24 of the Ohio Administrative Code</u>.

Case Number: 13-0143-EL-REN

Facility Name: Cove Veterinary Services

Name of person making this affidavit: Karla Beiler

State of <u>PA</u> County of <u>Lancaster</u>

The undersigned, being duly sworn according to law, deposes and says that:

- 1. I am authorized to and do hereby make this affidavit on behalf of the Applicant,
- All facts and statements made in the application for certification, including all attachments and supplemental information or filings, are true and complete to the best of my knowledge, information, and belief,
- The facility has obtained or will obtain and will maintain all required local, state, and federal environmental permits,
- I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

My Commission Expires Sept. 5, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

VILL, Administrative Assistant Signature of Affiant & Title

Sworn and subscribed before me this 8 day of Januar ,2013 Month/Year COMMONWEALTH OF PENNSYLVANIA Notary Notarial Seal Diana D. DeFranco, Notary Public My commission expires on Sept. 5 2014 Sadsbury Twp., Lancaster County

The Public Utilities Commission of Ohio reserves the right to verify the accuracy of the data reported to the tracking system and to the PUCO.

Version: June 15, 2011

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

1/11/2013 11:25:31 AM

in

Case No(s). 13-0143-EL-REN

Summary: Application electronically filed by Mr. Mark C Bellamy on behalf of Karla Beiler